

## STANDARD CERTIFICATE OF DEATH

State File No. ....

8281

FILED SEP 25 1952

BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <b>St. Louis MO</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis MO</b>		c. LENGTH OF STAY (In this place) <b>2219</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>1421 Hogan</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1421 Hogan</b>				d. STREET ADDRESS (If rural, give location) <b>1421 Hogan</b>			
3. NAME OF DECEASED (Type or Print) <b>Mag</b>		b. (Middle) <b>Thomas</b>		c. (Last) <b>Wedge</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>8 6 52</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>1897</b>	
9. AGE (In years last birthday) <b>55</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Wick</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wick</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Wick</b>	
12. CITIZEN OF WHAT COUNTRY? <b>Wick</b>		13a. FATHER'S NAME <b>Wick</b>		13b. MOTHER'S MAIDEN NAME <b>Wick</b>		14. NAME OF HUSBAND OR WIFE <b>Wick</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, state branch and dates of service) <b>Wick</b>		16. SOCIAL SECURITY NO. <b>Wick</b>		17. INFORMANT'S SIGNATURE OR NAME <b>V. E. Vayl</b>		ADDRESS <b>1300 Clark</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fracture of Skull</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Brain Injury Suffered When</b> DUE TO (c) <b>Accident Jumped from 3rd Floor Porch</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Dead fell to yard in rear of the apartment</b>			
19a. DATE OF OPERATION <b>1944 Hogan on 8-6-52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Went</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. HOW DID INJURY OCCUR? <b>Jumped from Porch</b>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>yard</b>		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis MO 6978</b>		21d. TIME -- (Month) (Day) (Year) (Hour) <b>8 6 52 1 PM</b>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <b>1944</b> to <b>1952</b> , that I last saw the deceased alive on <b>19</b> , and that death occurred at <b>1421 Hogan</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>V. E. Vayl</b>		(Degree or title) <b>3</b>		23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>AUG 20 1952</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>15</b>		24b. DATE <b>19-30-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>SEP 3 1952</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Rowland Mortuary Service</b>		ADDRESS <b>4104 Manchester Ave.</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

*Students of Mortuary College*  
working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*James H. Lammers*  
Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.